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From: Neil R. Jetter

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Examiner: Webb, Gregory E.
Serial No.: 10/646,157
Inventors: SINGH
Docket No.: 5853-388

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- * Fee Transmittal Form (1 page)
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{WP312132;1}

PTO/SB/21 (09-04)

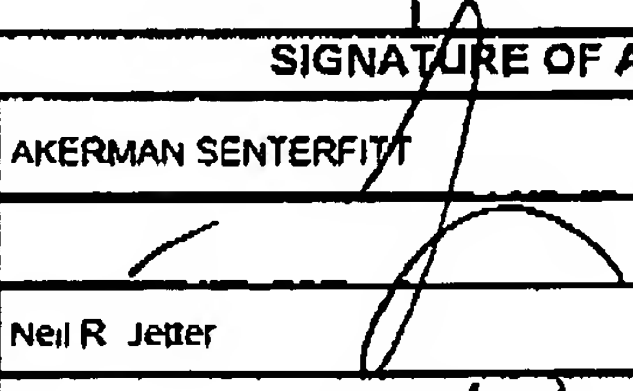
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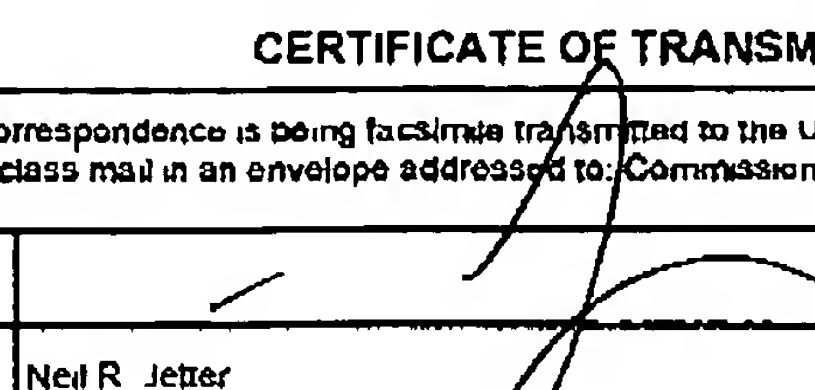
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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission	Application Number	10/646,157
	Filing Date	August 22, 2003
	First Named Inventor	SINGH
	Art Unit	1751
	Examiner Name	Webb, Gregory
	Attorney Docket Number	5853-388

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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Printed name	Neil R. Jetter	
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/646,157
		Filing Date	August 22, 2003
		First Named Inventor	SINGH
		Examiner Name	Webb, Gregory E
		Art Unit	1751
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Attorney Docket No.	5853-388
TOTAL AMOUNT OF PAYMENT (\$)		125.00	

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	x _____ = _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other One-Month Extension of Time (\$60); Terminal Disclaimer (\$65)

\$125.00

SUBMITTED BY		
Signature	Registration No. 46,803 (Attorney/Agent)	Telephone 561.653.5000
Name (Print/Type) Neil R. Jetter		Date 6/12/06

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